



# 1122 PROGRAM



## PROCUREMENT REQUEST FORM

**\*Please type information**

**LOCAL LAW ENFORCEMENT AGENCY**

**Date**

|                |                     |
|----------------|---------------------|
| LEA            | Purchasing Contact  |
| Address        | City/State/Zip Code |
| Phone Number   | Fax Number          |
| E-Mail Address |                     |

|             |                |
|-------------|----------------|
| VENDOR NAME | VENDOR ADDRESS |
|-------------|----------------|

| Item Description                        | Quantity | Unit | Unit Price | Dollar Amount | Comparable retail price | Savings |
|---|----------|------|------------|---------------|-------------------------|---------|
|   |          |      |            |               |                         |         |
|   |          |      |            |               |                         |         |
|   |          |      |            |               |                         |         |
|   |          |      |            |               |                         |         |
|   |          |      |            |               |                         |         |
|   |          |      |            |               |                         |         |
|   |          |      |            |               |                         |         |
| <b>Total Dollar Amount of Purchases</b> |          |      |            |               |                         |         |

|   |      |
|---|------|
| Purchase Authorized by:<br>Title<br>Signature | Date |
| SPOC Approval                                 | Date |

DODAAC # ALEABT AA973      Fax back to (517) 335-0046